PTC/SB/80 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035

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Thereby appoint: Practitioners associated with the Customer Number:	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under									
Practitioners associated with the Customer Number: Section Practitioners Name Registration Name Registration Name Registration Number Number	37 CF	R 3.73(b).								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name										
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X Practitioners associated with the Customer Number:			:	56074					
as attorney(s) or agent(s) to represent the undersigned before the United States Petent and Trademark Office (USPTO) in connection with any and all patent applications assigned gnly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) for R3.73(b) to:										
as attorney(a) or sgent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 GFR 3.73(b) Please change the correspondence address for the application identified in the attached statement under 37 GFR 3.73(b) to: The address associated with Customer Number: 56074	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
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Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: MIPS Technologies, Inc. 1225 Charleston Road Mountain View, CA 94043-1353 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.	X	The address associated with Customer Number: 56074								
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SIGNATURE of Assignee of Record										
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
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	Name	TAME				****	Telephon			
Name Tames F. Kurkowski Telephone 650-567-5166 Title VP of Intellectual Property	Title	VP o	& Intellectual Pro	perty						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.